

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: American Cyanamid Company
3150 Highway JJ
Palmyra, MO 63461
 EPA ID NO: M0D 050 226 075
 MOID 0 1 6 8 3



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
IC**

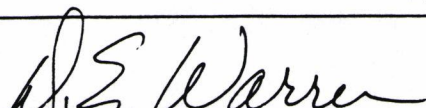
**IDENTIFICATION AND
CERTIFICATION**

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I	Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County Same as label <input type="checkbox"/> or → <u>Marion</u>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1997? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> or → <u>IN</u> <u>IA</u>	H. Zip Code Same as label <input checked="" type="checkbox"/> or → <u>0</u> <u>5</u> <u>0</u> <u>2</u> <u>2</u> <u>6</u> <u>0</u> <u>7</u> <u>5</u>

Sec. II	Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)			
B. Number and street name of mailing address <u>P. O. Box 817</u>			
C. City, town, village <u>Hannibal</u>		D. State <u>MO</u>	E. Zip Code <u>6</u> <u>3</u> <u>4</u> <u>0</u> <u>1</u> - <u>0</u> <u>8</u> <u>1</u> <u>7</u>

Sec. III	Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.		
A. Last Name <u>Willett</u>	First name <u>J.</u>	M.I. <u>Brad</u>	B. Title <u>Manager,</u> <u>Environmental</u> <u>Services</u>
C. Telephone Number <u>5</u> <u>7</u> <u>3</u> <u>7</u> <u>6</u> <u>9</u> - <u>2</u> <u>0</u> <u>1</u> <u>1</u> Extension <u>2</u> <u>2</u> <u>6</u> <u>8</u>			

Sec. IV	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.		
A. Last Name <u>Warren</u>	First name <u>D.</u>	M.I. <u>E.</u>	B. Title <u>Plant Manager</u>
C. Signature 			D. Date of signature <u>0</u> <u>2</u> <u>2</u> <u>9</u> <u>0</u> <u>0</u> Month Day Year

BARIS data entered

BY

ON

BRITH TRI-COR
10/26/00
QC'd 843 10/31/00

Over →

EPA ID NO. 01D 050 226 075

Sec. V Generator status. Instructions begin on page 8.**A. 1999 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG
☐ 3 CESQG
☐ 4 Non-generator (CONTINUE TO BOX B)
- } SKIP TO SEC. VI

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**

3

B. Treatment, disposal, or recycling subject to RCRA permitting requirements

3

Comments:**Section VI, Item A**

On March 6, 1998 (since the 1997 Biennial Report) at American Cyanamid Company's request, the MDNR agreed with Cyanamid's contention that its waste tanks met the requirements of 40 CFR 270.1(c)(2)(v) and were, therefore, exempt from RCRA requirements. The purpose of this comment is to provide the explanation for the difference in the 97 and 99 reports for Section VI, Item A.



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MO ID 0 1 6 8 3



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) Aqueous and organic wastewater from phorate, terbufos, pendimethalin and imidazolinone manufacturing generated in 1999.

B. EPA hazardous waste code (page 12) D001 D002
D003 D021 D028

C. State hazardous waste code (page 13)
 NA NA

D. SIC code (page 13)
2879

E. Origin code (page 13) 1
 System Type M N A

F. Source code (page 14)
A37

G. Point of measurement (p. 14)
4

H. Form code (page 14)
B101

I. RCRA-radioactive mixed (page 14)
2

Sec. II A. Quantity generated in 1999 (page 15)
 1 6 4 6 9 6 2

B. UOM (page 15) 2
 Density N A
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type (page 16) M041
 Quantity treated, disposed, or recycled on site in 1999 (page 16)
 1 5 7 4 3 9 0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16) M N A
 Quantity treated, disposed, or recycled on site in 1999 (page 16)
 N A

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
Site 1	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u>M</u> <u> </u> <u> </u> <u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
Site 2	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u>M</u> <u> </u> <u> </u> <u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
Site 3	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u>M</u> <u> </u> <u> </u> <u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

Comments:

Section 1.B--F 0 0 2, F 0 0 3, F 0 0 5, K 0 3 8, U 1 6 1, U 2 2 0, P 0 9 4
 Section 1.H--B 1 1 3 and B 2 0 7

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FORM
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Page 4 of 10

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EPA ID NO: M 0 D 0 5 0 2 2 6 0 7 5

MO ID 0 1 6 8 3



**J.S. ENVIRONMENTAL
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1999 Hazardous Waste Report

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) Refractory and Quench Ash

B. EPA hazardous waste code (page 12) D 0 0 1 D 0 0 2
D 0 0 3 D 0 2 1 D 0 2 8

C. State hazardous waste code (page 13)
NA NA

D. SIC code (page 13)
2 8 7 9

E. Origin code (page 13) 5
 System Type M 0 4 1

F. Source code (page 14)
A 3 9

G. Point of measurement (p. 14)
1

H. Form code (page 14)
B 3 0 3

I. RCRA-radioactive mixed (page 14)
2

Sec. II A. Quantity generated in 1999 (page 15)
2 4 7 4

B. UOM (page 15) 2
 Density NA NA
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1999 (page 16)

M NA

NA

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1999 (page 16)

M NA

NA

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17)
A L D 0 0 0 6 2 2 4 6 4

C. System type shipped to (p. 17)
M 1 3 2

D. Off-site availability code (page 17)
1

E. Total quantity shipped in 1999 (page 17)
2 2 5 3

Site 2 B. EPA ID No. of facility waste was shipped to (page 17)
NA

C. System type shipped to (p. 17)
M NA

D. Off-site availability code (page 17)
1

E. Total quantity shipped in 1999 (page 17)
NA

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)
NA

C. System type shipped to (p. 17)
M NA

D. Off-site availability code (page 17)
1

E. Total quantity shipped in 1999 (page 17)
NA

Comments: Section 1 Box A--This material meets the conditions of the "derived from" rule, and therefore; carries the waste codes of the materials "treated during the generation of this waste material".

Section 1 Box B--F 0 0 2, F 0 0 3, F 0 0 5, U 1 6 1, U 2 0 0

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EPA ID NO: M 0 D 0 5 0 2 2 6 0 7 5

MO ID 0 1 6 8 3



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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) Miscellaneous "COD" analytical wastes

B. EPA hazardous waste code (page 12) D 0 0 2 D 0 0 9

C. State hazardous waste code (page 13)
NA NA

D. SIC code (page 13)
2 8 7 9

E. Origin code (page 13) 1
 System Type M NA

F. Source code (page 14)
A 9 4

G. Point of measurement (p. 14)
1

H. Form code (page 14)
B 1 0 3

I. RCRA-radioactive mixed (page 14)
2

Sec. II A. Quantity generated in 1999 (page 15)
0 8

B. UOM (page 15) 2
 Density NA NA
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM

On-site process system type (page 16) M NA
 Quantity treated, disposed, or recycled on site in 1999 (page 16) NA

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16) M NA
 Quantity treated, disposed, or recycled on site in 1999 (page 16) NA

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
Site 1	<u>P A D 9 8 7 3 6 7 2 1 6</u>	<u>M Q 1 2</u>	<u>1</u>	<u>0 8</u>
Site 2	<u></u>	<u>M</u>	<u></u>	<u></u>
Site 3	<u></u>	<u>M</u>	<u></u>	<u></u>

Comments: Section I Box F--Spent analytical solutions from chemical oxygen demand (COD) wet chemical analysis in support of NPDES permit.

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) <u>Waste Oil</u>					
B. EPA hazardous waste code (page 12) <u>NA</u> <u>NA</u>			C. State hazardous waste code (page 13) <u>NA</u> <u>NA</u>		
D. SIC code (page 13) <u>2879</u>	E. Origin code (page 13) <u>1</u> System Type <u>NA</u>	F. Source code (page 14) <u>A54</u>	G. Point of measurement (p. 14) <u>4</u>	H. Form code (page 14) <u>B206</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II A. Quantity generated in 1999 (page 15) <u>200</u>		B. UOM (page 15) <u>2</u> Density <u>NA</u> <u>NA</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <u>M041</u>	Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>200</u>	On-site process system type (page 16) <u>NA</u>	Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>NA</u>

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>NA</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>NA</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u>NA</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>NA</u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u>NA</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>NA</u>

Comments:

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Sec. I A. Waste description (page 12) <u>Spent sand blasting media</u>						
B. EPA hazardous waste code (page 12) <u>D</u> <u>0</u> <u>0</u> <u>6</u> <u>D</u> <u>0</u> <u>0</u> <u>8</u>				C. State hazardous waste code (page 13) <u>N</u> <u>A</u> <u>N</u> <u>A</u>		
D. SIC code (page 13) <u>2</u> <u>8</u> <u>7</u> <u>9</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u> <u>N</u> <u>A</u>	F. Source code (page 14) <u>A</u> <u>2</u> <u>1</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B</u> <u>3</u> <u>1</u> <u>9</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II A. Quantity generated in 1999 (page 15) <u>1</u> <u>9</u>		B. UOM (page 15) <u>2</u> Density <u>N</u> <u>A</u> <u>N</u> <u>A</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <u>M</u> <u>N</u> <u>A</u>	Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>N</u> <u>A</u>	On-site process system type (page 16) <u>M</u> <u>N</u> <u>A</u>	Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>N</u> <u>A</u>

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>A</u> <u>L</u> <u>D</u> <u>0</u> <u>0</u> <u>0</u> <u>6</u> <u>2</u> <u>2</u> <u>4</u> <u>6</u> <u>4</u>	C. System type shipped to (p. 17) <u>M</u> <u>1</u> <u>3</u> <u>2</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>2</u> <u>0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u>N</u> <u>A</u>	C. System type shipped to (p. 17) <u>M</u> <u>N</u> <u>A</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>N</u> <u>A</u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u>N</u> <u>A</u>	C. System type shipped to (p. 17) <u>M</u> <u>N</u> <u>A</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>N</u> <u>A</u>

Comments: Section 1 Box H--Blasting media (sand, sodium bicarbonate, coal fines, etc. containing paint chips which may contain metals)

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Page 10 of 10

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American Cyanamid Company
Agricultural Division
P.O. Box 817
Hannibal, MO 63401
(314) 769-2011

Certified Mail
Z 583 661 494

February 29, 2000

Missouri Department of Natural Resources
Hazardous Waste Program
Biennial Report
P. O. Box 176, 205 Jefferson
Jefferson City, MO 65101

RE: RCRA Biennial Report

Gentlemen:

In accordance with the instructions we received in a letter from John C. Beard, Chief, Fees and Taxes Unit, on January 20, 2000, enclosed please find one completed copy of the U.S. Environmental Protection Agency 1999 Hazardous Waste Report for American Cyanamid Company's Hannibal, Missouri, manufacturing facility.

If you have any questions with regard to information contained in this report or require additional information, please contact me at 1-573-769-2011, Ext. 2268.

Sincerely,

AMERICAN CYANAMID COMPANY
Agricultural Products Division

A handwritten signature in cursive script that reads 'J. Brad Willett'.

J. Brad Willett, P.E.
Manager, Environmental Services

dep
enclosures
jbw\99RCRA biennial report.doc

cc: Ms. Irene Crawford

RECEIVED

MAR 02 2000

HAZARDOUS WASTE PROGRAM
MO DEPARTMENT OF
NATURAL RESOURCES